## "HISTORIC PRESERVATION" Provisions of the American's with Disabilities Act Accessibility Guidelines (ADAAG)

ADAAG contains a provision relating to "historic preservation". This general exception is applicable in alterations, as follows:

## 4.1.7(1) Applicability

(a) General Rule. Alterations to a qualified historic building or facility shall comply with 4.1.6 Accessible Buildings: Alterations, the applicable technical specifications of 4.2 through 4.35 and the applicable special application sections 5 through 10 unless it is determined in accordance with the procedures in 4.1.7(2) that compliance with the requirements for accessible routes (exterior and interior), ramps, entrances, or toilets would threaten or destoy the historic significance of the building or facility in which case the alternative requirements in 4.1.7(3) may be used for the feature. (b) Definition. A qualified historic building or facility is a building or facility that is: (i) Listed in or eligible for listing in the National Register of Historic Places; or (ii) Designated as historic under an appropriate State or local law.

"HISTORIC PRESERVATION" STATEMENT Relating to a project under review for §103-50, HRS			
Project Name:			
Dept. Project Number:	DCAB Project Num	ıber <u>:</u>	
The following item in the planned alt in the review by the Disability at Department overseeing the project ADAAG 4.1.7 requirements to the exthe building or facility, and the alternative states the project the project the project the building or facility.	nd Communication Access and/or the project consultant extent it does not threaten or d	Board. As dete t, this item is in c estroy the historic	rmined by the ompliance with
Reference to DCAB Document Rev	iew Dated:	Item Numbe	r:
Explanation of why item has "histon necessary). Also attach a letter or n department/agency stating the reaso significance of the building or facili	nemo from the appropriate his n why altering the item wou	storic preservation	1
I acknowledge that responsibility for the Department/Agency overseeing			cability rests wi
*Note: If signing for Department D	pirector, please submit memo	confirming such a	uthorization.
State Historic Preservation Office	Name (Print) of Director, Title	Signature	Date
Department / Agency	Name (Print) of Director, Title	Signature	Date
Consultant Firm	Name (Print) of Consultant	Signature	Date